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Medical Examinations By Last Name

Civil War

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12-21-1861

Sweetman, James

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *James Sweetman*, age *40*, occupation  
*millman*, born in *Ireland*

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *no*
2. Have you any disease of throat, or difficulty of utterance? *no*
3. Have you any disease of Lungs or Heart? *no*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *no*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *no*
6. Have you been vaccinated within seven years? *no*
7. Have you now, or have you ever had any Rupture? *no*

REMARKS.

DATE: *Dec 2, 1861*

RENDEZVOUS: *Milford Maine*  
*Nathaniel Sawyer* Recruiting Officer.  
*for H. W. Robinson*